

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	03/03/2020 08:52
Date Of Accident	02/03/2020 10:30
Exact Location Of Accident	PIE TWDS TPE(SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4257P
Insured/Policyholder	
Name Of Registered Owner	MOHAMED IKBAL BIN MOHAMED YUSOFF
NRIC No	SXXXX682E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91058541
Alternative Phone No	OFFICE-91058541

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16ST
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/20-506743-WTT
Cover Note Number	

Driver

Name of Driver	MOHAMED IKBAL BIN MOHAMED YUSOFF
NRIC No	SXXXX682E
Date Of Birth	06/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2013
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91058541
Fax Number	
Contact Number	OFFICE-91058541
EEmail Address	NOEMAIL

Address	BLK 561A JURONG WEST ST 42 #12-1145
Postcode	641561
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200302/7021

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7149Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMED IKBAL BIN MOHAMED YUSOFF
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG4257P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 02/03/2020

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature:
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Got Pic

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police No 129 Post

DECLARATION

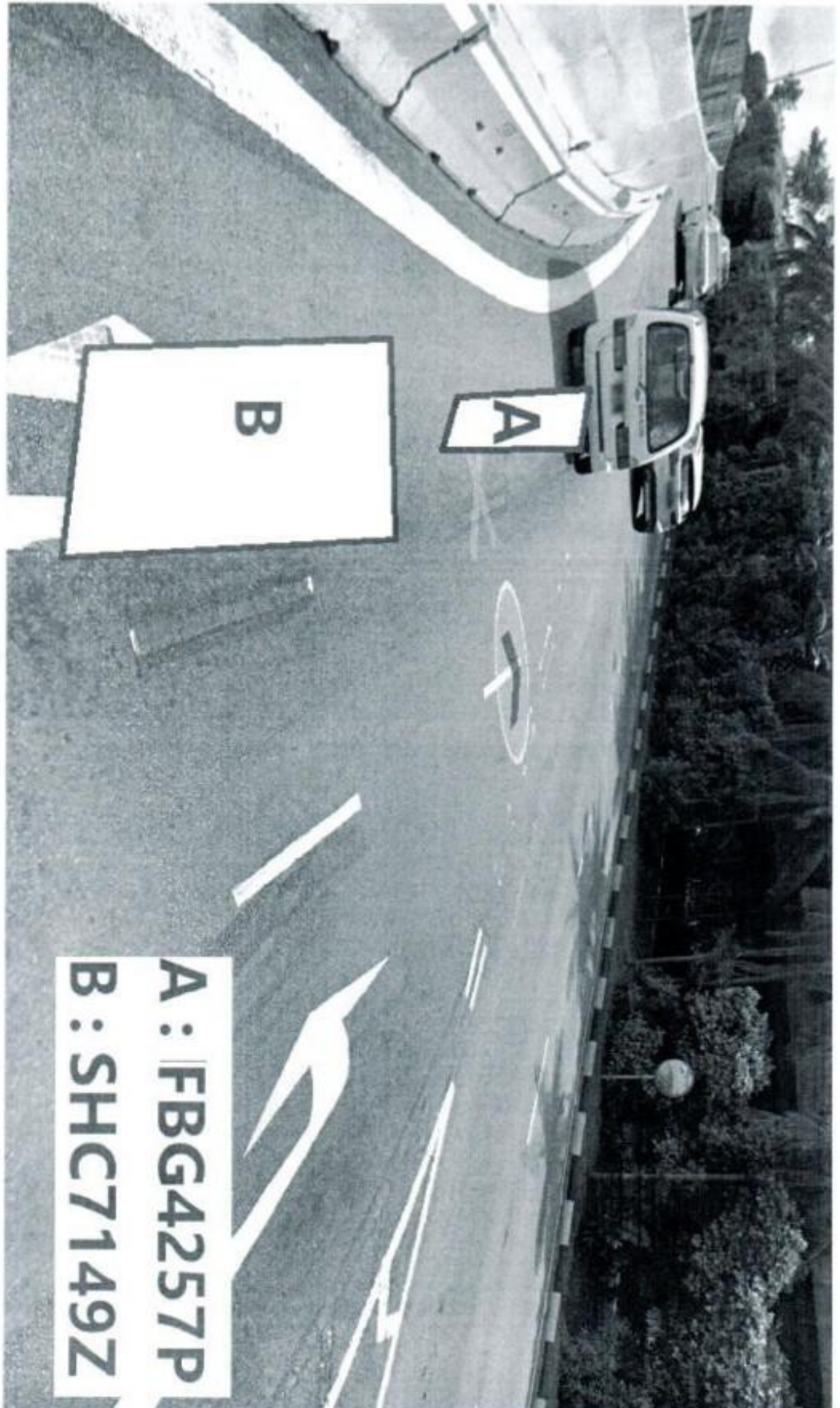
I/We declare the foregoing particulars are true in every respect.

PA 02/03/2020
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200302/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200302/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2020 15:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED IKBAL BIN MOHAMED YUSOFF			Address: APT BLK 561A JURONG WEST STREET 42 #12-1145 SINGAPORE 641561		
ID Type / ID No.: NRIC NO / S8735682E			Contact No.: Home/Office: Mobile: 91058541		
Nationality: SINGAPORE CITIZEN			Email: M.lkbal6@gmail.com		
Sex: Male	Age: 32	Date of Birth: 06/11/1987	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2020 10:20	Type of Location: T-Junction
Location: PAN ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4257P	Motorcycle	YAMAHA	FZ16ST	Black	Seriously Damaged	0
SHC7149Z	Car	HYUNDAI	I40 1.7	Yellow	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG4257P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60894550	23/02/2020	22/02/2021

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200302/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200302/7021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED IKBAL BIN MOHAMED YUSOFF	ID No.	S8735682E
Related Vehicle	FBG4257P (Motorcycle)	Contact No.	91058541
Hospital/Clinic	SINGHEALTH POLYCLINICS - BEDOK	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	02/03/2020	Date Discharge	02/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MANSOR BIN MOHD YUSOFF	ID No.	S0217494D
Related Vehicle	SHC7149Z (Car)	Contact No.	98219644
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I WAS RIDING MY MOTORCYCLE ALONG PIE (CHANGI) AND I EXITED AT EXIT 2. I WAS HEADING TOWARDS TPE (SLE) AND I STOPPED MY MOTORCYCLE AT THE FILTER LANE TO CHECK FOR ONCOMING TRAFFIC ON MY RIGHT WHEN A TAXI BEHIND ME HIT ONTO THE REAR OF MY MOTORCYCLE.

THE IMPACT CAUSED ME TO LOSE BALANCE & FALL WITH MY MOTORCYCLE.
THE TAXI DRIVER STEPPED OUT AND ADMITTED THAT HE DID NOT NOTICE THAT I WAS STILL INFRONT OF HIM.

I THEN PROCEEDED TO SINGHEALTH POLYCLINIC BEDOK TO INSPECT MY INJURIES AND WAS AWARDED 03 DAYS MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200302/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200302/7021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/03/2020 15:27

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

